121000496208

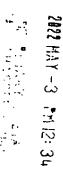
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
, ,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900384496269

75 C5 25--01019--009 +•25.00



JUN 23 2022 M. SOLOMON

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations					
	RADING LLC	•				
SUBJECT:Name of Limited Liability Company .						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
	ondence concerning this matter					
·	-	-				
	Arsalan Ahmed					
		Name of Person				
	SWIFFT TRADING LLC					
	Firm/Company					
	1070 Montgomery RD Un	it # 262				
		Address				
	Altamonte Springs, Fl. 32	714 US				
		City/State and Zip Code				
	shahzadanjum9000@gmail					
		to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please c	all:				
Arsalan Ahmed		+1 321 5212072				
Name of Person		Area Code Daytim	e Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.			
25 Jes. No. 1 milg 1 Cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address:		Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of T				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

2022 HAY -3 1:12:3:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our (Liability Company)	records.)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>L21000496208</u>	y were filed on November	18, 2021	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designatio	n "LLC" or the abbrevi	ation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			. G	
		 		
Enter new mailing address, if applicable:) 25 11 11 11	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office	address on our records,	enter the name of	the new register	
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
New Registered Office Address:	Enter Florida street	adaress		
New Registered Office Address:		Florida		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Arsalan Ahmed		🗀 Add
		1070 Montgomery RD Unit # 262, Altamonte Spri	ngs, FL 32719 ■Remove
			DChange
MGR	Shahzad Anjum	1070 Montgomery RD Unit # 262, Altamonte Sprin	ngs.FL31714 ■Add
			□Remove
			□Change
			□Add
			□Remove :
			□Change
			□Remove
			[]Change
			🗆 Add
			□Remove
			ElChange
			[] Add
			□Remove

2022 HAY -3 PH 12: 35

Typed or printed name of signee